

510(k) Summary

This summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR 807.92.

The assigned 510(k) number is: K082683.

DEC - 8 2009

SUBMITTER BY Standard Diagnostics, Inc.

(Head Office) 156-68 Hagal-dong, Giheung-gu, Yongin-si, Kyonggi-do, Korea

(Manufacturing Site) C-4th&5th Floor Digital Empire Building 980-3, Yeongtong-dong

Yeongtong-gu Suwon-si, Kyonggi-do Korea

(PHONE) 82-31-899-9700

(FAX) 82-31-899-9740

CONTACT PERSON

(NAME) William Greenrose

(PHONE) 603 369 3550

(FAX) 603 369 3562

DATE OF SUMMARY April 21, 2008

DEVICE NAME

(Proprietary Name) SD CHECK GOLD

(Common Name) Blood Glucose Monitoring System

(Regulation Number) 21 CFR §862.1345

(Classification Name) Glucose Test System

(Product Code) NBW

(Subsequent Product Code) CGA/JJX

(Regulatory Class) II



PREDICATE DEVICES

<u>Predicate Device 1</u> <u>Predicate Device 2</u>

(510(k) Number)

K032552

K024194

(Device Name)

ACCU-CHEK ADVANTAGE SYSTEM

ONE TOUCH® Ultra®

(Submitter by)

Roche Diagnostics Corporation

Lifescan, Inc.

DEVICE DESCRIPTION

SD CHECK GOLD blood glucose system is applicable to monitor blood glucose in capillary whole blood.

SD CHECK GOLD blood glucose monitoring system is comprised of the following.

- SD CHECK GOLD blood glucose meter
- SD CHECK GOLD blood glucose test strip
- SD CHECK GOLD control solution
- SD CHECK GOLD check strip

A drop of blood sample from the finger prick works with glucose oxidase and the mediators in the test strip to make a small electric current proportional to the glucose concentration in the blood. The meter reads the current and displays the blood glucose result equivalent to the current.

INDICATION FOR USE

SD CHECK GOLD Blood glucose monitoring system is indicated for monitoring glucose in fresh capillary whole blood samples drawn from the fingertip, palm, forearm or upper arm.

SD CHECK GOLD meter must be used with SD CHECK GOLD blood glucose test strip and SD CHECK GOLD control solutions.

The SD Check Gold control solutions Level M and Level H are for use with SD Check Gold test system as quality controls to verify the accuracy of blood glucose test results.

Testing is done outside the body (in vitro diagnostic use).

This system is indicated for home (over-the-counter; OTC) by person with diabetes, or in clinical settings by healthcare professionals, as an aid to monitor the effectiveness of diabetes control.

This system should not be used for the screening or diagnosis of diabetes or for testing newborns.



COMPARISION TO PREDICATE DEVICE

The SD CHECK GOLD blood glucose monitoring system of Standard Diagnostics, Inc. is substantially equivalent to the current legally marketed ACC-CHEK Advantage System of Roche Diagnostics Corp and ONE TOUCH® Ultra® of Lifescan, Inc.

Features

Details

Intended use

For self-testing blood glucose using capillary

whole blood

Detection Method

Amperometry

System Verification

Control material to check the meter and test strip.

Function

Memory and Average of the test results

Power

One battery (CR 2032 type)

CONCLUSION

The SD CHECK GOLD blood glucose monitoring system is substantially equivalent to predicated ACC-CHEK Advantage System (K032552) of Roche Diagnostics Corp and ONE TOUCH® Ultra®(K024194) of Lifescan, Inc.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Standard Diagnostics, Inc. c/o Mr. William Greenrose Q Serve America, Inc. 220 River Road Claremont, NH 03743-0900

DEC - 8 2009

Food and Drug Administration 10903 New Hampshire Avenue Document Mail Center – WO66-0609 Silver Spring, MD 20993-0002

Re: k082683

Trade/Device Name: SD Check Gold Blood Glucose Monitoring System

Regulation Number: 21 CFR 862.1345 Regulation Name: Glucose test system

Regulatory Class: Class II Product Code: NBW, CGA, JJX Dated: December 2, 2009 Received: December 4, 2009

Dear Mr. Greenrose:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into class II (Special Controls), it may be subject to such additional controls. Existing major regulations affecting your device can be found in Title 21, Code of Federal Regulations (CFR), Parts 800 to 895. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Parts 801 and 809); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); and good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820).

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of *In Vitro* Diagnostic Device Evaluation and Safety at (301) 796-5450. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at (301) 796-5760. For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-5680 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Courtney C. Harper, Ph.D.

Director

Division of Chemistry and Toxicology Office of *In Vitro* Diagnostic Device

Evaluation and Safety

Center for Devices and Radiological Health

Enclosure

Indications for Use Statement

510(k) Number	K082683	<u> </u>
Device Name	SD CHECK GOLD	blood glucose monitoring system
INDICATIONS FOR US	E	
SD CHECK GOLD Blood	glucose monitoring system	is indicated for monitoring glucose in
fresh capillary whole blood	samples drawn from the f	ingertip, palm, forearm or upper arm.
SD CHECK GOLD meter	nust be used with SD CHE	ECK GOLD blood glucose test strip and
SD CHECK GOLD contro	solutions.	
The SD Check Gold contro	l solutions Level M and Le	evel H are for use with SD Check Gold
test system as quality contr	ols to verify the accuracy o	of blood glucose test results.
Testing is done outside the	body (in vitro diagnostic u	se).
This system is indicated fo	home (over-the-counter; (OTC) by person with diabetes, or in
clinical settings by healthco	re professionals, as an aid	to monitor the effectiveness of diabetes
	used for the screening or di	agnosis of diabetes or for testing
newborns.		,
Prescription Use	— AND/OR	Over-The-Counter Use X
(Part 21 CFR 801 Subpa	rt D)	(Part 21 CFR 801 Subpart C)
(PLEASE DO NOT WRITE E	ELOW THIS LINE-CONTIN	NUE ON ANOTHER PAGE IF NEEDED)
Concurrence	of CDRH, Office of In Vitro I	Diagnostic Device (OIVD)

Division Sign-Off
Office of In Vitro Diagnostic Device
Evaluation and Safety

510(k) KO82683